PLACE OF DEATH	STATE OF MARYLAND
County Garrett	CERTIFICATE OF DEATH
Village or City Oulland (No.	Registered No. [It death occurred a hospital or institute and in the hospital or institute and institute and in the hospital or institute and in the hospital or institute and in the hospital or institute and
*FULL NAME Grange Boll	give its NAME lost of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED (Write the word)	16 DATE OF DEATH  Sule (Menth) (Day) (Year)  17  HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw haralive on July 15 191
7 AGE 11 LESS than 1 day,	and that death occurred on the date stated above, at SA. The CAUSE OF DEATH+ was as follows:
B OCCUPATION (a) Trade, profession, or Faritcular kind of work	Show restrictes
(b) General nature of Industry, business, or establishment in which employed (or employer)	O do (Duration) o Tyre thos
9 BIRTHPLACE (State or country)	(Secondary)
10 NAME OF Junge Berhold	(Signed) (Doration) yrs mas (Signed) M.
11 BIRTHPLACE OF FATHER (State or country)	State the DISEASE CAUSING DEATH, or, in deaths from Violent
12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)  At place In the , of death yrs, mos ds. State yrs, mos d
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, If not at place et death?  Former or Usual residence.
(Address) Dellacol Mad	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL .
Filed July 17, 181 5 MM White	20 UNDERTAKER Colden Canland M.
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should he taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE minc, etc. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease in a feetion with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," nnqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcinologies

etc., when a definite disease can he ascertained as the ample: Measles (disease causing death), 29 ds. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailsture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may he stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicmia," "Puerperal peritonitis," etc. childbirth or miscarriage, as "Puerperal scptichaecause. Aiways qualify all diseases resulting from inus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of \_ The contributory (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples:



No.

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state Very PHYSICIANS should of OCCUPATION IS Village or City RECORD PERSONAL AND STATISTICAL PARTICULARS statement PERMANENT EXACTLY 5 SINGLE. 3 gry 4 COLOR OR RACE MARRIED, WIDOWED, (Write the word) Exact 6 DATE OF BIRTH classifled. 4 (Day) (Year) (Month) be It LESS than S 7 AGE should 1 day, .... hrs. OR ..... min. ? properly AGE 8 OCCUPATION (a) Trade, profession, or particular kind of work carefully supplied. (b) General nature of industry, pe business, or establishment in UNFADING may which employed (or employer) -----certificate. 9 BIRTHPLACE (State or country) that 10 NAME OF FATHER of pe back ARENTS 11 BIRTHPLACE terms. OFFATHER (State or country) should 0 12 MAIDEN NAME plain OF MOTHER See instructions Information 0 13 BIRTHPLACE 0 OF MOTHER (State or country) of Inform 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE CAUSE OF (informant) Important. (Address) 15 Filed m REGISTRAR ż

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.....

St: .Ward)

It death occurred in a hospital or institution. give its NAME instead of street and number. ]

MEDICAL C	ERTIFICATE O	F DEATH	
16 DATE OF DEATH	(Month)	25,19 (Day) (Ye	)/.5.
17 I HEREBY		I attended deceased	
July 20 2, 191	5- , to Jre	eg 254,11	91.5,
that I last saw h ally	e on Jul	7- 34 4 1	91.5.
and that death occurred on	the date stated	above, at	a.m
The CAUSE OF DEATH * v			
Chilera &	faul	900000000000000000000000000000000000000	
***************************************		2×000000000000000000000000000000000000	
***************************************	999000000000000000000000000000000000000		
	(B		**********
***************************************	(Ouration)	yrs mos	ds
(Secondary)	)		****
l. P	Copelarion)	yrsmos	ds
(Signed)	Opel		, M. D
July 25 , 1915 (Ad	dress) / Cu	Grille (	Cal
*State the DISEASE CAU CAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMICE			
18 LENGTH OF RESIDENCE	E FOR HOSPITALE	. INSTITUTIONS, TRANS	IENTS
At place	In the		
of death yrs mos	ds. State	yrs, mos,	ds
Where was disease contracted, it not at place of death?		***************************************	
Former or usual residence			
19 PLACE OF BURIAL OR	REMOVAL	DATE OF BURIAL	
merobe	1	July 25.	19195
20 UNDERTAKER		ADDRESS	
It alser & thile		VIII-	00%



[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second cated thus: Farmer (retired 6 yrs.). should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers statement. it should be used only when needed. As examples: the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative leaithfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (d) Cotton mill; (a) Salesman, (d) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. childbirth or miscarriage. as "Tuerperal scottchaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Tracmia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g. Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. -Kart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds .: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "Asis less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion, \_\_ (name origin; "Can-State cause for



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Instructions

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OCCUPATION

RECORD

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.... [It death occurred in Village or City St.;....Ward) a hospital or institution. give its NAME Instead of street and number.] <sup>2</sup>FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. (Month) (Day) (Year) Write the word) HEREBY CERTIFY, That I attended deceased-from 6 DATE OF BIRTH Que (Day) (Year) (Month) 7 AGE If LESS than and that death occurred on the date stated above, at t day, 1.2 hrs. The CAUSE OF DEATH \* was as follows: OR ..... ? ds. BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) Gontributory..... State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLAC ENT OF FATHER \*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-FAL, SUICIDAL, or HOMICIDAL. 2 12 MAIDEN NAME 4 OF MOTHER BLENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER ot death ..... yrs. .. mos. State ..... yrs, ..... mos. ..... ds Where was disease contracted. 14 THE ABOVE IS It not at place of death? Former or (Informant). usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS Filed If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. Ko. 1.



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### REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. 8. Census and American Public Health Association.]

who receive a definite salary), may be entered as of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Mousewife, Housework, or At Home, and children, not who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coa. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease Causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Carebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

"Heart failure," "Haemorrhage," "Inanition," "Marascause of death approved by Committee on Nomencla childbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock." "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds. ture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. pular heart disease; Chronic interstitial nephritis t neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for maile The contributory (secondary or intercurrent) Sarcoma. etc., of ... Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," "Traemia," "Weakness," etc. (name origin; "Can-State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail. It will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.... If death occurred in .....Ward) a hespital or institution. EXACTLY. Exac give its NAME instead of street and number. RECORD PERSONAL AND STATISTICAL PARTICULARS CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH WIDOWED OR DIVORCED (Day) (Year) (Month) CERTIFY, That attended deceased from 6 DATE OF BIRTH (Month) (Day) 7 AGE if LESS than and that death occurred on the date stated above, 1 day, hrs. G mlu.? OR OCCUPATION piled 0 (a) Trade, profession, or ons particular kind of work 80 9 (b) General nature of industry structi business, or establishment in terms > which employed (or employer) Contributory 9 BIRTHPLACE 2.2 (State or country) Secondary (5 0 20 10 NAME OF FATHER C (Signed) -0 11 BIRTHPLACE PARENT OF FATHER a State the DISEASE CAUSING DEATH, or, in deaths from VIOLET SES, STATE (1) MEANS OF INJURY; and (2) whether ACCIDENT (State or country) 50 SUCIDAL OF HOMICIDAL. OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, as O Very OR RECENT RESIDENTS Еш 13 BIRTHPLACE At place In the infor OF MOTHER of death (State or country) Where was disease contracted, Every item of should state C O if not at place of death? .. 40 Former or usual residence DATE OF BURIAL PLACE OF BURIAL OR REMOVAL (Address) 15 20 UNDERZAKER ADDRESS 63 If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from write Nonc. business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autobusiness or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, "Foreman," "Manager," "Dealer," etc., without more mobile factory. know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the applies to each and every person, irrespective of age. -Coal mine, etc. Statement of Occupation-Precise statement of occupa-The material worked on may form part Wonien at home, who are engaged in "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, state MEANS OF INJURY and qualify as ACCIDENTAL, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conhead-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "Puenperal peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, genital," "Senile," etc.), "Dropsy," chopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping gcs, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . . . . (name origin; "Cancer" is less definite; avoid use of "Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronor misearriage as "Puerperal sephichaemia," State cause for which "Exhaustion,"



TE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH 117118	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 20
Village or City lavafe ( Lives) near me 2 FULL NAME Plant Fraley	St.; Ward)  [If death occurred in a hospital or institution, give its HAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Terriale White 5 SINGLE, MARRIED, WIDOWED Willows OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h alive on 191, 191,
7 AGE   If LESS that 1 day, hrs   OR mln.?	and that death occurred on the date stated above, at
a) Trade, profession, or particular kind of work. A home	weading around
(b) General nature of Industry business, or establishment in which employed (or employer)	
9 BIRTHPLACE (State or country) Naverton Da	Secondary  (Descion) yrs. mos. ds.
10 NAME OF FATHER Talentine & Fivaley	(Signad) James O- Willow M. O.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF TATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whither ACCIDENTAL, SUICIDAL OF HOMICIDAL.
of MOTHER Martho Dittinger  13 BIRTHPLACE OF MOTHER (State or country) Parrett & Co-	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of deathyrsmesta, State,yrsmesds.
(Informant) Mis Mastle J. Buttingen	Where was disease contracted,  If not at place of death?  Former or  usual rasidence
(Address) Airline Md	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL  Start Will Cemelon Macunifichy 31 1915
Filed Alley , 191 REGISTRAR	a Meis Lonaconing



[Approved by U. S. Census and American Public Health Association.]

taken to report specifically the occupations of persons employed, as At school or At home. Care should be business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully write None. who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. mill; (a) Salesman, (b) Grocery; (a) Foreman, "Foreinan," "Manager," "Dealer," etc., without more mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee and consequences (e. g., sepsis, tetonus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Heart failure," "Heemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic subular heart discose; Chronic interstitial "Tumor" for malignant neoplasms); Meosles; Whooping ges, peritonaeum, ctc., Carcinoma, Sarcoma, etc., of ..... (name origin; "Cancer" is less definite; avoid use of or misearriage as "Puerperal septichuemia, "Old Age," "Shock," "Uracmia," "Weakness, "Senile," etc.), "Dropsy," "Exhaustion," carbolic acid-probably Never report mere (Recommendations wound of



Village or City Jorcean (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No.  St; Ward)  St; Ward)  Fill death occorred in a hospital or institution, give its NAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
PSEX  4 COLOR OR RACE  MARRIED, WISOWED, OR DIVORCES (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
Month) (Day) (Year)	that I last aaw h 200 , 191 5 , 191 5 , 191 5 , 191 5
TAGE  If LESS than 1 day,hrs. ORmlo.?	and that death occurred on the date stated above, at 15 G m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment to which employed (or empleyer)  BIRTHPLACE (State or country)	(Doration) yrs mos cs.  Contributory (Secondary)
OF MAME OF FATHER Process C FIRECY  11 BIRTHPLACE OF FATHER (State or country) (C) (State or country) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(Signed) (Address) M. O. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
18 BIRTHPLACE OF MOTHER (State or country)  (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place lot the state of death yes, mos, ds.
(Informant)	Where was disease contracted, If not at place of death?  Former or usual residence.
Filed July 22 1915 Milwhite  S. Z. REGISTRAR	20 UNDERTAKER  Bolok  Date of Burial  Address  Address  Address

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons should be taken to report specifically the occupations duties of the household only (not pald Housekeepers ness. If retired from husiness, that fact may he indi-CAUSING DEATH, state occupation at heginning of illheen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can he known. The question who have no occupation whatever, write None. Screant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinossis of lungs, meninges, peritonaeum, etc.. Carcinosaeum, etc...

scpsis, tetanus) may he stated under the head such, if impossible to determine definitely. Examples childbirth or miscarriage as "Pureperal septichaemia," "Pureperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. For vioetc., when a definite disease can he ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion, ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailsture of the American Medical Association.) Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Dehllity" ("Conmere symptoms or terminal conditions, such as "As oma. Sarcoma. etc., of ... Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) \_ (name origin; "Can Never report



[Approved by U. S. Census and American Public Health
Association.]

CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the DISEASE should be taken to report specifically the occupations who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: (0)

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purpresal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mailscause of death approved by Committee on Nomencia "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned nant neoplasms); Measles; Whooping cough; Chrosio ture of the American Medical Association.) Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH  County Farrett  Village or City Jamania, UND .  2 FULL NAME Hanna Jame H	STATE OF MARYLAND ERTIFICATE OF DEATH Registration Dist. No. / G 7  St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hemul Whole Single, Married OR DIVORCED (Write the word)  6 DATE OF BIRTH  (Month): (Day) (Year)	16 DATE OF DEATH  (Month) (I) (Year)  17 I HEREBY CERTIFY, That I attended deceased from  (I) (Year)  (Year)
FAGE  36 yrs. 2 mos. 24 ds. OR min.?  8 OCCUPATION (a) Trade, profession, or particular kind of work  A ouse Wife	and that death occurred on the date stated above, at 3.7m. The CAUSE OF DEATH * was as follows:
(b) General nature of Industry business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER GEO Smith  11 BIRTHPLACE OF FATHER (State or country)  12 MAIOEN NAME	(Signed) (Signed) (Address) (Address) (M. 0.  *State the DISPASE CAUSING DEATH, For, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State, yrs. mos. ds.  Where wes disease contracted,
(Informant) W. G. DhukkaleyM. (Address) Momenta WaleyM.	if not at place of death?  Former or usual residence
Filed July 21, 191 9 Windbermathy Registrar  If more bianks are needed, address State Registrar,	20 UNDERTAKER ADDRESS HENRY Deling Smanigfet 16 W. Saratoga S., Batto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.)

Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day luborer, Farm loborer, Laborer "Foreman," "Manager," "Dealer," of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Housework, or At Home, and children, not gainfully Compositor, very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Architect, Never return "Laborer," Locomotive engineer, But in many cases, etc., without more If retired from The question (b) Auto-('wil

unqualified, is indefinite); Tugerculosis of lungs, meninspinal meningitis"); Diphtheria (avoid use of "Croup"); CAUSING DEATH (the primary affection with respect to Typhoid fener (never report "Typhoid fever (the only definite synonym is "Epidemic cerebroterm for the same disease. Examples: Statement of Cause of Death-Name, first, the DISEASE and causation), using always the same accepted pneumonia, Bronchopneumonia ("Pneumonia pneumonia") Cerebrospinal

> on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by Struck by railway train-occident; Revolver wound of to determine definitely. Examples: SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerperal perilonitis," etc. etc., when a definite disease ean be ascertained as the genital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," cough; Chronic rubular heart discose; Chronic interstitial cause. Always qualify all diseases resulting from child-"Heart failure," "Heemorrhage," "Inanition," "Maraschopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of ..... or miscarriage "Old Age," "Shock," "Uracmia," "Weakness, "Senile," etc.), The contributory (secondary or intercur-"Publichaemia, "Dropsy," corbolic acid-probably State cause for which Accidental drowning; Never report mere "Exhaustion,"

the certificate is permanently filed. ence. All the data is essential and must be obtained before tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-



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RECORD

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No... St.:....Ward) a hospital or institution. give Its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, Widdowne WICOWEO, (Month) OR OIVORCEO (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH ., 1916. 10 40 that I last saw h. ..... alive on (Month) (Year) (Day) TAGE If LESS than and that death occurred on the date stated above, at ./o. 1 day, .....hrs. The CAUSE OF DEATH \* was as follows: GOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) Contributory. 9 BIRTHPLACE (Secondary) (State or country) (Duration) 10 NAME OF (Signed) FATHER (Address) 11 BIRTHPLACE HZ OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT RE CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDEN-TALL SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME of Information s EATH in plain se Instructions 4 OF MOTHER THE SENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) yrs. mos. ds. State yrs, mos. ds. of death Where was disease contracted. 14 THE ABOVE IS OF MY KNOWLEDGE If not at place of death? OF DE Former or (informant) CAUSE OF important. usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address).... 15 20 LINDERTAKER ADDRESS REGISTRAR

If death occurred in

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Fublic Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation bas gainfully employed, as At school or At home. Care Houscwife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. statement. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisucb, if impossible to determine definitely. which surgical operation was undertaken. mia," "Puenperal peritonitis," etc. State cause for childbirth or miscarriage, as "Pursperal scottchacetc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Maras affection need not be stated unless important. valvular heart disease; Chronic interstitial nophritis ture of the American Medical Association.) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. nant neoplasms); Mcasles; Whooping cough; Chronic oma. Sarcoma. etc., of \_ is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) "Old Age," "Sbock," 'Traemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing death), 29 ds. "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," \_ (name origin; "Can Never report Examples: For VIO-



STATE OF MARYLAND ATE OF DEATH SICIANS should OCCUPATION IS fif death occurred in PHYSICIANS ...Ward) a hospital or institution. RECORD give its NAME instead of street and number. 1 STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 16 DATE OF DEATH SEX 4 COLOR OR RACE MARRIED. 1915 WIDOWED. Month) (Day) Write the word) (Year) 17 CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day ......hrs. OR ..... 7 AGE 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) may which employed (or employer) ..... certificate. Contributory... 9 BIRTHPLACE (Secondary) (State or country) that 10 NAME OF FATHER 9 10 11 BIRTHPLACE terms. ARENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE 5 At place io the OF MOTHER (State or country DEATH State Where was disease contracted. if not at place of death? Former or OF Importsnt. Every It 15 20 UNDERTAKER ADDRESE REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

BINDING



[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of lilheen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. It should be used only when needed. As examples: essary to know (a) the kind of work and also (b) For many occupations a single word or term on the tion is very important, so that the relative healthfui-Statement of occupation-If retired from business, that fact may be Indi-Women at home, who are engaged in the Never return "Laborer," -Precise statement of occupa-Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tubcrculosis of lungs, meninges, peritonacum, etc.. Carcin-

by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "PUEBPERAL peritonitis," etc. cblidbirth or miscarriage. as "Purrerral septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion, thenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallyscpsis, tctanus) may be stated under the head lnjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vic-"Heart failure," "Haemorrhage," "Inanition," "Maras "Coliapse." "Coma," "Convuisions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. oma. Sarcoma. etc., of ture of the American Medicai Association.) cause of death approved by Committee on Nomencia-"Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "As The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for Never repor Examples:



PHYSICIANS should of OCCUPATION is St:.....Ward) RECORD PERSONAL AND STATISTICAL PARTICULARS statement PERMANENT EXACTLY. SSINGLE, Ringle 3 SEX 4 COLOR OR RACE WIDOWEO, BINDING Write the word) 6 DATE OF BIRTH 4 (Month) (Day) (Year) 7 AGE If LESS than S Pinous C t day .....hrs. INK-THIS 0 OR ..... min. ? properly 8 OCCUPATION AGE (a) Trade, profession, or RESERVED particular kind of work (b) General nature of Industry, supplied. pe business, or establishment In UNFADING may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) carefully o 10 NAME OF FATHER 9 ō MARGIN WITH Pe PARENTS 11 BIRTHPLACE DEATH in plain terms, see instructions on back OF FATHER (State or country) pinoda PLAINLY, 12 MAIDEN NAME OF MOTHER See instructions of information 13 BIRTHPLACE OF MOTHER (State or country) WRITE 14 THE ABOVE IS TRUE TO CAUSE OF Important. (Address) ... 15 Tito n REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

Very

County.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No

[If deeth occurred in a hospital or institution. give Its NAME Instead of street and number. ]

	CERTIFICATE OF	DEATH	
16 DATE OF DEATH	(Month)	- 3 - (Day)	., 191.5 (Year)
17 I HEREBY	CERTIFY, That I	attended dec	eased from
A		-3-	
that I last saw h	ve on 15 —	30 -	, 191
and that death occurred or	n the date atated a	bove, at/	2m
The CAUSE OF DEATH * 1			
Logenie his saits	med or	lista	te
~=====================================	(Duration)	yrs/m	osds
Contributory	****		
(Secondary)		7	
4.	(Doration)	Y58 m	c's ds
(Signed) Edwar	uffell	as	crsds
4.	uffell	as	os ds
(Signed) Edwar	diffess) bless	Puk.	Ouel
(Signed) Educus 7-44-, 1915- (Ad	didress) Ally of its of injury; and idal.	Rusk deaths from (2) whether	VIOLENT ACCIDEN
(Signed) CAUCHAN  State the DISEASE CAU CAUSES, STATE (1) MEANS TAL, SUICIDAL, OF HOMICI  18 LENGTH OF RESIDENCE OR RECENT RESIDENTS)	didress) ALLY AND SING DEATH, or, in the in the	deaths from (2) whether	VIOLENT ACCIDEN-
(Signed)	ddress) Ally A  ISING DEATH, or, in 3 OF INJURY; and IDAL.  In the  ds. State	deaths from (2) whether	VIOLENT ACCIDEN
(Signed)	ddress) Ally A  ISING DEATH, or, in 3 OF INJURY; and IDAL.  In the  ds. State	deaths from (2) whether	VIOLENT ACCIDEN-
(Signed)	didress) ALL A  USING DEATH, OF, IN B OF INJURY; and IDAL.  In the ds. State	deaths from (2) whether	VIOLENT ACCIDEN-
(Signed)	didress) Ally And Identify and Idal.  E (FOR HOSPITALS, In the State	deaths from (2) whether	VIOLENT ACCIDEN-



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-If retired from business, that fact may be indi-Never return "Laborer," -Precise statement of occupa-"Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

scpsis, tetanus) may be stated under the head of sucb, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," tbenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; cer" is less definite; avoid use of "Tumor" for maliginjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver second of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Puerperal scptichac-"Heart failure," "Haemorrhage," "Inanition," "Maras affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis The contributory Always qualify all diseases resulting from (secondary or intercurrent) (name origin; "Can State cause for Examples:



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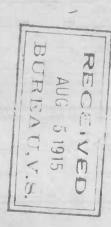
STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in St.;....Ward) a hospital or institution, give its NAME instead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 18 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED. (Month) OROIVORCEO (Write the word) (Month) (Day TAGE If LESS than 1 day,.....hrs. OR ..... min. ? 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which amployed (or employer) ...... Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER ARENTS OF FATHER \*State the DISEASE CAUSING DEATH, or, In death's from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ...... yrs, \_\_\_\_ mos. ..... ds Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death?. usual residence DATE OF BURIAL 15 ADDRESS REGISTRAR Sparthura Supplieres & Undarition C. If hore blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

mine, etc. dnties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carein-

mia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichue mns," "Old Age," "Shock," "Uraemia," "Weakness." ample: Measles (disease eausing death), 29 valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Inmor" for maligoma, Sarcoma, etc., of...... (name origin; "Canscpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. Aecidental drowning; Struck by railway train-acei such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was nudertaken. etc., when a definite disease can be ascertained as the "Heart failnre," "Haemorrhage," "Inanition." "Maras "Collapse," "Coma," "Convulsions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. thre of the American Medical Association.) eause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homieide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," The nature of the "Exhaustion," Never report For vio -31-67 208



V. S. No. 1.

Z.

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
Gounty Sassification of the Control	CERTIFICATE OF DEATH Registration Dist. No. 172
Village or City Kilymuller (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIOOWED OR DIVORCED (Write the word)	16 OATE OF OEATH  (Month) (Day) (Year)
July 21, 1915  ((Month) (Day) (Year)	that I last saw h 2 alive on fully 2 1, 191.5,
7 AGE   If LESS than 1 day,	and that death occurred on the date stated above, at $7.300$ m. The CAUSE OF DEATH $*$ was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of lodustry business, or establishment in which employed (or employer)	(Ouration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Short Run	Contributory Secondary
10 NAME OF FATHER July Mine	(Signed) 2. Theppe M. a.
State or country)	Address Martin Dispass Causing Drath, by, in deaths from Violent Capres, State (1) Means of Injury; and (2) whether Accidental, Suicipal of Homicipal.
T MAIOEN NAME DELASY STOCKEY	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) (State or country)	At place in the et_death yrs mes ds. Stete, yrs moe ds. Where wes disease contracted,
(Informant)	Former or usual residence
(Address) Stitzmille, Md.	Short Run, Mr. July 22, 1915
Filed Oct 29, 191 5	20 UNDERTAKER AOORESS
	And the second s

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton precise specification as Day laborer, Farm laborer, Laborer know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. ness of various pursuits can be known. The question business or industry, and therefore an additional line first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, Women at home, who are engaged in But in many cases, If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," on statement of cause of death approved by Committee head-homicide; Poisoned by curbolic acid-probably on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull SUICINAL, or HOMICINAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puenperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracinia," "Weakness, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Maraschopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping by railway train-accident; Revolver wound of "Senile," ete.), "Dropsy," The contributory (secondary or intercur-State cause for which "Exhaustion,"



CERTIFICATE OF DEATH Registered No
Paristand No. / (/a
St: Ward) [If death occurred a hospital or institution
give lis NAME Instead of street and number.]
MEDICAL CERTIFICATE OF DEATH
(Month) (Day) (Year)  I HEREBY CERTIFY, That I attended decessed from
st saw hear allve on (23 31 1915
death occurred on the date stated above, at 11 4. m
albema her places
(Duration) yrs. mos. cs
Cusy (Deraller) yrs mos ds  flusy (March 1915) (Address) (De Klanca 1400)
te the DISEASE CAUSING DEATH, or, in deaths from VIOLENT, state (1) MEANS OF INJURY; and (2) whether ACCIDEN- UICIDAL, OR HOMICIDAL.  TH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, CENT RESIDENTS)
yrs mos ds. State yrs mos ds.
ence  E OF BURIAL OR REMOVAL  GEORGIA  LEVENTE LEVEL  1915
ADDRESS  Apple 14 4  Anklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, should be taken to report specifically the occupations duties of the household only (not pald Housekeepers (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of Ilibeen changed or given up on account of the DISEASE Screant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But ln many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the INSEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

scpais, tetanus) may be stated under the head of such, if impossible to determine definitely. mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver second of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUEBPEBAL peritonitis," etc. childbirth or miscarriage, as "Pureperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Con-(hcnla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malts. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) .... (name origin; "Can-State cause for Examples:



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N.B.

1 PLACE OF DEATH 11712	STATE OF MARYLAND
County Garrett	CERTIFICATE OF DEATH
	Begistration Dist. No. / 67
Village or City Gomania Unit.	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jense What White Single;  MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH July 31, 1915 (Month) (Day) (Year)
6 DATE OF BIRTH:  July (Month) (Day) (Year)	that I last saw h alive on July 3/11, 1915,
7 AGE If LESS than 1 day, hrs.	and that death occurred on the date stated above, atm.
8 OCCUPATION (a) Trade, profession, or particular kind of work	the CAUSE OF DEATH & was as follows:  Shill born (Three months  leterine gestation)
(b) General nature of industry business, or establishment in which employed (or employer)	(Buration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Secondary  (Burallon) yre mos ds.
10 NAME OF Lofette Noel	(Signed) W. G. Dhnegrater M. G.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  MAIDEN NAME OF MOTHER  MAIDEN NAME OF MOTHER	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
of Mother Comma & Hays	SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS) TRANSIENTS, OR RECENT RESIDENTS)
13' BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs. mos. ds. Stelse yrs. mos. de.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant)	Former or usual residence
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL July 3.1., 1914
Filed aug. 8, 1915 9. W. Abermatter	20 UNDERTAKER SAVEL GADDRESS WILL
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully write None. business, that fact may be indicated thus: Farmer (retired engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foremon, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line ness of various pursuits can be known. The question know (o) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, Stationory fireman, etc. But in many cases, The material worked on may form part Women at home, who are engaged in Never return "Laborer," Locomotive engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the prinary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

suicide. The nature of the injury, as fracture of skull, and consequences (c. g., sepsis, tetonus) may be stated state Means of injury and qualify as accidental, suicidental, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Passoned by carbolic acid—probably mus," on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.) surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic); "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concause. Always qualify all diseases resulting from childsymptoms or terminal conditions, such as "Asthenia," cough; Chronic vulvular heart disease; Chronic interstitial "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles, Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ..... or miscarriage "Old Age," "Shock," "Uracmia," "Weakness," The contributory (secondary or intercuras "Pubrperal septichaemia, "Dropsy," State cause for which Never report mere "Exhaustion,"



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should ION is PHYSICIANS show Exact properi INK supplied. UNFADING may carefully sur that it ma f certificate. 50 terms, n back plain instructions 2 WRITE 0 Hem I Every item CAUSE OF important.

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County Registration Dist. No.... Ilf death occurred in ......Ward) a hospital or institution. give its NAME instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL\_CERTIFICATE OF DEATH 3 SEX S SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Monta) (Day (Year) (Write the word) CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) alive on..... (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ... 1 day,....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) ----9 BIRTHPLACE (State or country) Contributory Secondary Michour 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN (State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place OF MOTHER of death \_\_\_\_\_ yrs, \_\_\_\_ mos. \_\_\_ ds. (State or country) Where was disease contracted. 14 THE ABOVE IS KNOWLEDGE If not at place of death? Former or (informant) usual residence. DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations galnfully employed, as At school or At home. Care dutics of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yes.) For persons been changed or given up on account of the nisease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as Groeery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, first line will be sufficient, c. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (b) As examples:

Statement of cause of death—Name, first, the misease causing nearh (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaccause. Always qualify all diseases resulting from etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertakeu. "Ilcart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of death), 29 ds.; For Vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 61915
BUREAU, V.S.



[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers material worked on may form part of the second statement. Never return "Laborer," "Foreman," (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthfulmine, etc. first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. childbirth or miscarriage. as "PUERPERAL septichae ture of the American Medicai Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maileoma. Sarcoma. etc., of \_ valvular heart disease; Chronic interstitial nephritis mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory Aiways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never report For vio-



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state Very should PHYSICIANS shou statement EXACTLY. properly classified. be AGE supplied. pe may certificate. carefully that 0 terms, on back pinous of Information DEATH 9 Important. Every Ite

DEATH in plain See instructions o

3 SEX

TAGE

S

PARENT

15

8 DATE OF BIRTH

BOCCUPATION (a) Trade, protession, or

particular kind of work

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

13 BIRTHPLACE OF MOTHER (State or country)

(Address)

OF FATHER (State or country) 12 MAIDEN NAME

OF MOTHER

(b) General nature of industry, business, or establishment in

which amployed (or amployer) -----

RECORD PERMANENT 4 S UNFADING INK-THIS PLAINLY, WITH WRITE

1 PLACE OF DEATH County .....

### STATE OF MARYLAND CERTIFICATE OF DEATH

16 Registration Dist. No.

St.;....Ward)

Ilt death occurred in a hospital or institution, give Its NAME Instead ot street and number.]

ORDIVORCED (Write the word)

(Day

man

1842

(Year)

It LESS than

1 day,.....hrs.

OR ..... mln. ?

REGISTRAR

If more blanks are needed, address State Reg

5 SINGLE, MARRIED, WIDOWED,

PERSONAL AND STATISTICAL PARTICULARS

(Month)

4 COLOR OR RACE

MEDICAL	. CERTIFICATE	OF DEATH	
6 DATE OF DEATH	חר	11-	1915
#0000000000000000000000000000000000000	(Month)	(Day	(Year)
17 1 HEREB	Y CERTIFY, Tha		
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hat I last saw h	live on	1-10-	191
	1110		01001
and that death occurred			14.03.07.18.
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Contributory Secondary	topier	hur )	la l
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alysiphu	(Doration)	yrs3	.mos
(Signed) Perhaman	rd Pli	celun	A . N.
-	( ) (	y 1	
1 1 1 1 191 5.	(Address) LLL	1 Dark	- Jan
*State the DISEASE CAUSES, state (1) ME. TAL, SUICIDAL, OF HOM	CAUSING DEATH, ANS OF INJURY; ICIDAL.	or in deaths f and (2) whet	rom VIOLEI her Accide
16 LENGTH OF RESIDEN	CE (FOR HOSPITA	LS, INSTITUTIONS	TRANSIENT
OR RECENT RESIDENTS)	In the		
ot death yrs mos		e yrs,	mae
Where was diseasa contracted.		, , , , , , , , , , , , , , , , , , , ,	
It not at placa of death?		· 4	000000000000000000000000000000000000000
Former or			
usual rasidance	**********************	************************	***********
19 PLACE OF BURIAL O	R REMOVAL	DATE OF	BURIAL
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	1///	- Just the thing accounts	191%
20 1110 10		A	
20 UNDERTAKER	7 01	ADDRESS	1141



[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illadditional line is provided for the latter statement; cases, especially in industrial employments, it is necwho have no occupation whatever, write None. ness. If retired from business, that fact may be indibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dcaler," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an essary to know Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, Women at home, who are engaged in the Never rcturn "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucists of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerreeal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Measles (discase causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of Chronic interstitial nephritis, State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
AUG 6 1915
BUREAU, V.S.

PLACE OF DEATH

C	ounty Garrell	Registered No. / 67
V	Hage or City Cockland (No	St; Ward)  St; Ward)  Fif death occurred a hospital or Institution give its NAME institution of street and number.
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 31	demala Muite (Write the word)	16 DATE OF DEATH (Menth) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 D	(Month) (Day) (Year)	that I last ssw h alive on do not kuca 191
	2 yrs. 2 mos. 17 ds. or min.?	The CAUSE OF DEATH * was so follows:
(b) busi whi	Trade, profession, or ticular kind of work  General nature of industry, ness, or establishment in the employed (or employer)	(Ouration) yrs mos d
(8:	10 NAME OF FATHER OXTURED SINCE	(Secondary)  (Deration)  (Signed)  (Signed)  (Signed)
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  Maryland	*State the DISEASE CAUSING DEATH, or, In. deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
PAR	13 BIRTHPLACE OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  12 MAIDEN NAME Oother Oother Oother OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECERT RESIDENTS)  At place In the of death yrs, mos, ds.
	Informant) A LINE TO THE BEST OF MY NOWLEDGE	Where was disease contracted, If not at place of death?  Former or usual residence.
1 5 File		19 PLACE OF BURIAL OR REMOVAL  Mafte Spring July 17, 1915  20 UNDERTAKER  ADDRESS
	July 18 1916 - Add Lathering	

STATE OF MARYLAND



[Approved by U. S. Census and American Public Health Association.]

statement. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. tion is very important, so that the relative healthful-Statement of occupation-Spinner, (b) Cotton mill; (a) Salesman, (b) . If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," -Precise statement of occupa-As examples: The

Statement of cause of death—Name, first, the dibease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid preumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. For vicmia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage. as "Purperal septichae mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion, tbenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds. affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mally ture of the American Medical Association.) cause of death approved by Committee on Nomencla-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never reporvalvular heart disease; Chronic interstitial nephritis. oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples:



8

PLACE OF DEATH 11717	STATE OF MARYLAND
Sounty Sanett	CARTIFICATE OF DEATH
0 10 0	Registration Dist, No.
Walden a	I'll death or

FULL NAME Sarah Sk	St.; Ward)  a hospitat or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3 SEX  4 COLOR OR RACE  WINDOWED, ORDIVORCED (Write the word)  6 DATE OF BIRTH  7 AGE  8 3 JIS 3 MOS 2 JS MOS OR MIN.?  8 OCCUPATION (a) Trade, profession, ar particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  1 COLOR OR RACE Single, MARRIED, M	(Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from 1913 to 1913  that I last saw has alive on 1913  and that death occurred on the date stated above, at 2056 m  The CAUSE OF DEATH* was as follows:  (Duration) yrs mos ds
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  15 Files Luly 81, 1815  MAWhite	(Signed)  *State the DISEASE CAUSING DEATH, or 4n deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INATITUTIONS, TRANSIENTA OR RECENT RESIDENTS) At place of death yrs. mos. ds. State yrs. mos. ds.  Where was disease contracted, if out at place of death? Former-or usual residence  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKED ABLEE  ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Dardang My



## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speci-CAUSING DEATH, state occupation at beginning of ill-Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persous been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the If the occupation has As examples: (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing definite same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid diseasended," is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcinlesis of lungs, meninges, peritonacum,

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichacthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (seeondary), 10 ds. Never report ample: affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. etc., when a definite disease can be ascertained as the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Measles (disease causing death), 29 ds.; (Recommendations on statement of



V. S. No. 1.

P	1	nould state	
2	RECORD	PHYSICIANS SI	2.5
V. S. No. 1. MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.	
		The Parket	

Gounty Sanett 11718  Mt Lane Page	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 6
2FULL NAME	St.; Ward)  a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Acolor or race  Markied,  Widowed,  Ordivorced  (Write the word)	16 DATE OF DEATH (Month) (Day (Year)  17 I hEREBY CERTIFY, That I attended decessed from
B DATE OF BIRTH	, 191, to, 191,
(Month) (Day (Year)  7 AGE  About 30 yrs mos ds. li LESS than 1 day,hrs. OR min.?  8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  Address)	and that desth occurred on the date stated above, at
Filed 1915 Pagistran	1 Boldie Address Mellewerthe
II more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Cens and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons duties of the household only (not paid Housekeepers statement. Never return "Laborer," the nature of the business or industry, and therefore an CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive first live will be sufficient, e. g., Farmer or Planter, (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: "Foreman," engineer,

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing definite same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonla," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcinelisis of lungs, meninges, peritonaeum,

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICINAL, OF as probably LENT DEATHS State MEANS, OF INJURY and qualify as mia," "l'UERFERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report which surgical operation was undertaken. affection need not be stated unless important. The contributory (secondary or intercurrent) tctanus) may be stated under the head Measles (disease causing (Recommendations on statement of death), 29 ds.; For vio-



BINDING

FOR

RESERVED

MARGIN

V. S. No. 1.

1 PLACE OF DEATH

Gran to 11619	STATE OF MARYLAND
County Javant	CERTIFICATE OF DEATH
	Registration Dist. No. 170
Villago or City/lear Onceoning (No.	St.; Ward) [If death occurred in
$c_0 \vee c_1 \wedge$	a nospilal or institution.
<sup>2</sup> FULL NAME Clara C. Mri	c/cloud give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
Thurste White OR DIVORCED Erre	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
aut 23 10	57 July 17, 1915, to 123 - 190 July 17, 1915
- (Month) (Day)	Year) that I last saw her alive on July 3. (7 1915
	and that death occurred on the date stated above at /25)
57 yrs 10 mes 2 4 ds OR	The CAUCE OF STATE OF
8 OCCUPATION	Horse the was driving by came Inplien
(a) Trade, profession, or particular kind of work of the constitution of the constitut	Throwing decessed out I topporter to
(b) General nature of Industry	Caught in lines - Orappet serve destaux
business, or establishment in which employed (or employer)	Skull Frotun cut & Breize about head
BIRTHRIACE	Contributory 4hours 25 min
(State or country) avillar Ind	Secondary
10 NAME OF AN	(Buration) yrs mos. d
10 William Nobeson	(Signed) Three O. Bullock M.
I BIRTHPLACE OF FATHER (State or country) Frollowing Mid	Killy 17, 1915 Address Onoconing
(State or country) Proling Md	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (I) MEANS OF INJURY; and (2) whether ACCIDENTAL,
OF MOTHER 19 Nda Santa	
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
(State or country) Trochouse Ma	Af place In the of death yrs. mos. ds. Stata, yrs: mos. ds.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Whera was diseasa contracted,
(Informant) Tool Historial	it not at place of death ?
	usuat residenca
(Address) Conceoning MY 7 D	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
5	Nobedon Cemeters abillio pely 20, 1915
Filed 191	20 UNDERTAKER ADDRESS
REGISTRA	The advivional in margina
If more blanks are needed, address State Regis	strar, 16 W. Saratoga St., Balto., Requesting V. S. 1.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. employed, as At school or wife, Housework, or At Home, and children, not gainfully write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Serrant, Cook, who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Doy laborer, Farm laborer, Loborer "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foremon, only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question taken to report specifically the occupations of persons mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Coal mine, etc. the second statement. For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in At home. Care should be Never return If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

mus," and consequences (e. g., sepsis, telonus) may be stated on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations head-homicide; Poisoned by eorbolic ocid-probably genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marason Nomenclature of the American Medical Association.) suicide. Struck by railway train-occident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as ete., when a definite disease can be ascertained as the "Ansemia" symptoms or terminal conditions, such as "Asthenia," chopneumonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. cough; Chronic valvular heart discose; Chronic interstitial "Tumor" for malignant neoplasms); Meosles; Whooping (name origin; "Caneer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of . . . . . "Old Age," "Shock," "Uracmia," "Weakness," Always qualify all diseases resulting from childnia" (merely symptomatic), "Atrophy," "Col-"Coma," "Convulsions," "Debility" ("Con-The nature of the injury, as fracture of skull, (secondary), 10 ds., Never report more The contributory (secondary or intercur-"PUERPERAL septicharmia," ACCIDENTAL, important.



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	RITE PLAINLY, WITH UNFADING INK-THIS IS	of information should be carefully supplied. AGE should be DEATH is plain terms, so that it may be properly classifie. See instructions on back of certificate.
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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. If death occurred in St:....Ward) a hospital or Institution. give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, 1910 WIDOWED, Month) (Day) (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day .....hrs. BOCCUPATION (a) Trade, profession, or warticular kind of work (b) General nature of industry, business, or establishment In which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING DEATH, for, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death ..... yrs. ..... mos. ..... ds. State Where was disease contracted. if not at place of death? usual residence REMOVAL DATE OF BURIAL 15 ADDRESS REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. 8. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an cases, especially in Industrial employments, it is necwho have no occupation whatever, write None been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. materiai worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

childbirth or miscarriage. as "Purrement scottchae ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgleal operation was undertaken. For viomia," "Tuerperal peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Maras genltai," "Senile," etc.), "Collapse." "Coma," thenla," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcasles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopneumonia (secondary), 10 ds. Never repor is iess definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) (Recommendations on statement of "Convuisions," "Debility" ("Con-"Dropsy," "Exhaustion, (name origin; "Can-Geath), 29 ds.: State cause for Examples: 0



RECORD PERMANENT classified. pe UNFADING may 80 piain c EATH Do Item Every It PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH County OCCUPATION Registration Dist. No. Ilf death occurred in -Ward) a hospital or institution. give Its NAME lostand of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. 1915 WIDOWED, (Write the word) (Month) (Day (Year) I HERENY CERNLY. That I attended deceased from DATE OF BIRTH (Month) (Day TAGE If LESS than 1 day 9 hrs. OR ..... 7 BOCCUPATION (a) Trada, profassion, or particular kind of work. (b) General nature of Industry, businass, or establishment in which employed (or employer) ..... certificate. 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER of (Signad) 11 BIRTHPLACE ARENT OF FATHER (State or country) Sate the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In tha OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. Stata \_\_\_\_ yrs. \_\_\_\_ mos. Where was disaasa contractad, If not at place of daath? Formar or Important. usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.



# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second additional line is provided for the latter statement; who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcases, especially in industrial employments, it is necfirst line will be sufficient, e. g., For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman," (5)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meminges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can eause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For viocte., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for Never report



STATE OF MARYLAND
CERTIFICATE OF DEATH
Registered No. /6.6
St; Ward)  [If death occurred is a hospital or institution give its NAME instead of street and number.]
MEDICAL CERTIFICATE OF DEATH
(Month) (Day) (Year)  (T) I HEREBY CERTIFY, That I attended deceased from
that I last aaw have allve on 1914
and that death occurred on the date stated above, at 10'30 Cm. The CAUSE OF DEATH* was as follows:
(Duration) yrs. mos 2 house
(Secondary) (Doration) yrs mos ds
(Signed) 77. X. / harmonia , M. D.
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place of death yrs. mos. ds. State yrs, mos. ds.
Where was disease contracted, It not at place of death?  Former or usual residence.
19 PLACE OF BURIAL OR REMOVAL  OACEAN 191
r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite saiary), may be entered as the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of iiiheen changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specinaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. who have no occupation whatever, write None. minc, etc. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the

Statement of cause of death—Name, first, the Disease CAUSINO DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis

scpsis, tctanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver second of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATH'S State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senite," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Con thenia," "Annemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maile-"Contributory." injury, as fracture of skull, and consequences (e. g., "Heart failure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "As nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medicai Association.) cause of death approved by Committee on Nomencia-ACCIDENTAL; SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. Never repor The contributory liways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 6 1915